

**COBB COUNTY STATE QUALIFYING MEET**  
**July 10, 11, 12 - 2009**  
**TEAM VOLUNTEER SHEET**

VOLUNTEER INFORMATION MUST ACCOMPANY ENTRY FORMS

Team Name \_\_\_\_\_

Division \_\_\_\_\_

**Please indicate if volunteers are stroke and turn**

**VOLUNTEERS**

***FRIDAY:***

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

***SATURDAY:***

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

***SUNDAY:***

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

**YOUR VOLUNTEERS MUST BE PRESENT TO WORK IN ORDER FOR YOUR TEAM TO SWIM.  
IF THE MORNING VOLUNTEERS' SWIMMERS MAKE FINALS PLEASE ADVISE THEM TO  
CHECK BACK IN WITH THE VOLUNTEER COORDINATOR.**